

MODEL STANDING ORDERS

**Diphtheria and Tetanus Toxoids (DT)
Tetanus and Diphtheria Toxoids for Adult Use (Td)**

These model standing orders are current as of July 2004. They should be reviewed carefully against the most current recommendations and may be revised by the clinician signing them.

DT is indicated only for children who are < 7 years of age and for whom pertussis vaccine is specifically contraindicated.

Td is indicated for primary vaccination of persons \geq 7 years of age, and for booster doses for everyone who has completed a primary series with DTP/DTaP, DT or Td.

ORDER:

1. Provide patient, parent or legal representative with a copy of the Vaccine Information Statement (VIS) and answer any questions. VIS's in English and other languages are available from the MIP and online at <http://www.immunize.org/vis>.
1. Screen for contraindications according to Table 1.
2. Administer DT/Td 0.5 ml intramuscularly (IM), according to the recommended schedule (Tables 2 and 3). Administer IM vaccines at a 90° angle with 22-25-gauge needle. **Always check the package insert prior to administration of any vaccine.**
 - a. For infants < 12 months, administer into the anterolateral aspect of the thigh with a 7/8-1-inch.
 - b. For children 2 – 18 years of age, administer in the deltoid muscle, using a 7/8- 1¼ inch needle. For toddlers, you can use the anterolateral thigh, but the needle should be longer, usually 1 inch.
 - c. For adults >18 years of age, administer in the deltoid muscle with a 1-2 -inch needle.
3. Administer DT/Td vaccines simultaneously with all other vaccines indicated, according to recommended schedule and patient's vaccine status.
4. If possible, observe patient for an allergic reaction for 15-20 minutes after administering vaccine.
5. Facilities and personnel should be available for treating immediate hypersensitivity reactions.
6. Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967.
7. See the MIP document *General Protocols for Standing Orders* for further recommendations and requirements regarding vaccine administration, documentation and consent.

Clinician's Signature

____/____/____
Date

DT/Td Order

Table 1. Contraindications and Precautions for DT/Td

Valid Contraindications for DT/Td Vaccines	Invalid Contraindications (DT/Td should be given)
An anaphylactic or neurologic reaction to a previous dose of DT/Td, to thimerosal, latex or to any component of the vaccine (see package insert) ¹	Mild illness with or without a low-grade fever
	Local reaction to previous dose of DT/Td
Precautions: <ul style="list-style-type: none">• Moderate or severe acute illness with or without fever (temporary precaution)• Arthus-type hypersensitivity reactions or temperature of > 103°F (39.4° C)²• Guillain-Barré syndrome (GBS) in an adult within 6 weeks of receiving Td³	Anticoagulation or bleeding disorder ⁴
	Current antimicrobial therapy
	Convalescent phase of illness
	Recent exposure to infectious disease
	Personal or family hx of nonspecific allergies
	Pregnancy ⁵
	Breastfeeding

¹ People with a history of anaphylaxis to a vaccine component should be referred to an allergist for evaluation and possible desensitization.

² People who experienced arthus-type hypersensitivity or a temperature of >103° F following a prior dose of tetanus toxoid usually have high serum tetanus antitoxin levels and should not be given Td more frequently than every 10 years, even if they have a wound that is neither clean nor minor.

³ No increased risk of GBS has been observed with use of DTaP in children and, therefore, no special precautions are recommended when immunizing children with a history of GBS. Booster vaccinations are probably not justified for adults who have received ≥ 3 doses.

⁴ In patients with a bleeding disorder, minimize the risk of bleeding by administering the vaccine immediately after the patient's receipt of replacement factor, using a 23-gauge (or smaller) needle and by applying direct pressure to the immunization site for at least 2 minutes.

⁵ To prevent neonatal tetanus, administer a booster dose of Td to previously vaccinated pregnant women who have not received a Td vaccine in the last 10 years. Pregnant women who have not completed the primary Td series should do so.

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____/____/____
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DT/Td Order

Table 2. DT Schedule for Children < 7 Years of Age¹

<u>Dose</u>	<u>Vaccine</u>	<u>Recommended Age</u>	<u>Accelerated Schedule</u>
1	DT	2 months	6 weeks of age
2	DT	4 months	≥ 1 month after 1 st dose
3	DT	6 months	≥ 1 month after 2 nd dose
4	DT	15 - 18 months ²	≥ 6 months after 3 rd dose
5 ³	DT	4 - 6 years	≥ 6 months after 4 th dose
Additional boosters	Td	11 - 12 years, if ≥ 5 years since the 5 th dose, then every 10 years	1st booster ≥ 5 years after the 5 th dose, then every 10 years

¹ DTaP and DT should not be given to individuals ≥ 7 years of age.

² The 4th dose of DT may given as early as 12 months of age, provided 6 months have elapsed since the previous dose and the child is unlikely to return at age 15-18 months.

³ The 5th dose of DT is not needed if the 4th dose was given after the 4th birthday.

Table 3. Td Schedule for Individuals ≥ 7 Years of Age¹

<u>Dose</u>	<u>Recommended Schedule</u>
1	First visit
2	1 – 2 months after 1 st dose
3	≥ 6 months after 2 nd dose
Additional boosters	At 11 - 12 years of age and no later than 16 years of age (if it has been ≥ 5 years since last dose), then every 10 yrs. throughout life

¹ Td should not be given to individuals < 7 years of age.

Clinician's Signature

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Date